

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937628  
FILING DATE  
APPLICANT(S)

4-26-09		7-28-09		CLAIMS		4-26-09					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.		DEP.		IND.	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51		1			
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	0	0	0	0	0	TOTAL IND.	1	0	1	0	0
TOTAL DEP.	0	0	0	0	0	TOTAL DEP.	25	0	25	0	0
TOTAL CLAIMS	0	0	0	0	0	TOTAL CLAIMS	26	0	26	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS